

with the superintendent, then asks distractedly, "Are you the matron of the Lying-in State Hospital?"

The superintendent, alone once more, turns to her morning mail, and finds a note from an editorial friend requesting an article for the next issue of his periodical entitled "A Nurse's Duties in a Hospital from Early Morn till Dewy Eve."

A second letter reads: "Have you anyone with you whom you could recommend as being able and willing to take a situation in the country? Our house is large, and I want a girl or woman able to clean floors, wash, iron, and do general plain cooking, able to assist in milking if necessary. Must be careful, clean, and nice-mannered, an able woman for general work in a country place. My work is not heavy country work, but I am particular, and want it done *well* and *clean*."

The third one is still more interesting: "Dear Madam, I don't know your name; however, I want you to tell all the nurses that you have heard from me, and that I want them to write to me, for I dearly love them all, and you too, whether I know you or not. I have found the dear, kind nurses to be loving and obliging, and I know how glad the poor, suffering patients were to get a paper to read to help to take their thoughts off their pain, and I now think I have got a lovely magazine that everyone can afford to take. It costs only twelve cents a year. It contains over thirty pages, stories and fancy work, and recipes and fashions. I want you to please tell the patients about it. They can have it sent to the hospital or to their own homes. Please try and get all you can and send them to me by the 25th of this month. I will reward you for your trouble. Excuse this scribbling, but I am doing this for the sake of some poor patient. I hope this will catch some of the dear nurses."

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## HYGIENE OF THE HOUSEHOLD

By EVELEEN HARRISON

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(Continued from page 432)

It may appear to the "initiated" that I have entered overmuch into the details of the preparation for a surgical operation, but my department is dedicated more especially to the requirements of the "home nurses,"—viz., members of the family who are often called upon in the absence of a trained nurse to supply her place as far as lies in their power.

I am well aware that it would be difficult—I might say impossible—

for these untrained nurses to carry out all the instructions I have given, but they may accomplish some part of the preparation, and by having a clear understanding of what is required will be able the more intelligently to assist the nurse and to work under her guidance. Moreover, it sometimes occurs that the nurse may be unable from various reasons to reach the house until a very short time before the operation, in which case if one of the family reads over the instructions carefully, orders the supplies from the drug-store, chooses the room and has it thoroughly cleaned, and collects the various basins and other utensils that will be required, she will go a long way towards lightening the burden of the nurse, and set her free to attend to the more complicated parts of the preparation.

It goes without saying that the arrangements for a minor operation take far less time and thought than the preparations for a major one. To begin with, it is quite unnecessary to remove carpets or curtains or any of the larger pieces of furniture. The room must be thoroughly swept and dusted; rocking-chairs, couch, or fancy tables should be taken away to leave a good, clear space around the operating-table. If the room is small, the chiffonnière and dressing-table—entirely covered with clean sheets—may be pushed to one side, and the bed (prepared as already described) might be rolled into a corner.

The curtains are pinned up in sheets and pushed back from the windows. If the floor should be hard wood, or painted, so much the better, for then the rugs may easily be turned aside, but when—as is generally the case—a carpet covers the floor, take an old comfortable blanket, or large rubber sheet, spread it in front of the brightest window, and cover it with clean white sheets, which must be tacked firmly at the four corners to prevent their wrinkling up and tripping the doctors and nurses (an old double sheet will answer the purpose, or a cheap quality bought for the occasion).

The kitchen table is then placed on the middle of the sheet and draped according to former directions.

The rest of the room is arranged in the same manner as for a major operation, the difference being principally in the number of articles required, three bowls and pitchers being sufficient, and six gallons of sterilized water, three hot and three cold. Half the number of towels will suffice, the wet sterilized towels may be dispensed with, and only two dozen dry sterilized towels provided.

As a general rule surgeons add to their list for all operations a small can of oxygen, simply to have on hand in case of emergency. The apparatus should be examined beforehand to see that it is in working order and the tubing attached, so that it may be ready at a moment's notice.

Salt-solution is used largely in these days, almost to the exclusion of all other solutions. One well-known surgeon goes to the extent of having all the sterilized water made into salt-solution by adding salt to it before boiling in the proportion of two ounces to every gallon of water.

The preparation of the patient is practically the same for a major or minor operation, and it will save a good deal of trouble if she can be persuaded to take the anæsthetic lying on the table instead of being carried from another room. If it is so arranged, throw a sterilized towel over the instruments and other surgical appliances that the patient may be spared the sight of the glittering array, which might well daunt the stoutest heart.

Then—as Henley so thrillingly describes it:

“ They bid you close your eyelids,  
And they mask you with a napkin,  
And the anæsthetic reaches  
Hot and subtle through your being.

“ And you gasp and reel and shudder  
In a rushing, swaying rapture,  
While the voices at your elbow  
Fade—receding—fainter—farther.

“ Then the lights grow fast and furious,  
And you hear a noise of waters,  
And you wrestle, blind and dizzy,  
In an agony of effort,

“ Till a sudden lull accepts you,  
And you sound an utter darkness—  
And awaken—with a struggle—  
On a hushed, attentive audience.”

As soon as the operation is over and the patient transferred to bed, no time should be lost in putting the room in order and removing all traces of surgical work before she regains consciousness. A screen is drawn around the bed, the shades lowered, and the nurse or assistant surgeon remains beside the patient until she is fully conscious, while the servants may be called in to carry away the table and other appliances, gather up the soiled linen (which should be steeped in cold water immediately to remove the bloodstains), and take the coverings off window-curtains and furniture. It will be of great benefit in overcoming the nervous reaction of the patient when emerging from “the thick, sweet mystery of chloroform” (or ether) if her eyes rest on the familiar aspect of her room, arranged as she is accustomed to see it, with no trace of the operation within sight or hearing.

Plenty of air should circulate through the room to overcome the smell of ether, and encourage the patient to take some long, deep breaths to remove the ether from the lungs.

Of course, the head must be laid low, and every part of the body kept as quiet as possible to prevent nausea.

The surgeon will give full directions as to the after care of the patient, and as to what particular complications—if any—might be likely to occur.

(To be continued.)

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## SANITARY INSPECTION: A NEW FIELD FOR NURSES

By L. L. DOCK

IN the last year or two we have heard a good deal of positions as Sanitary Inspector, and women have been sought for such positions, but have not always been readily found. Nurses have been urged to try to secure such positions, on the ground that their training gives them a superior advantage and fits them peculiarly for the work of Sanitary Inspector, and this is quite true; however, there is much vagueness among those who have thought and inquired about it as to what special training is required. Within the past year the opening of a number of positions to women as Sanitary Inspectors under the Tenement-House Commission of New York City has brought the subject still closer, and it is to bring the work to the attention of nurses, and to help them to understand just what is required, that this article is written.

Sanitary inspection of houses, factories, shops, etc., means simply an extension of the supervisory work of the good head nurse when she makes thorough rounds in her wards, looking into every corner and cranny, turning out closets, examining drains and pipes, waste-boxes, soiled-clothes chutes, garbage and refuse receptacles; or of the good housekeeper, searching the dark corners of the cellar, and bringing her inquisitive nose to investigate every suspicious whiff of air.

It is peculiarly the kind of detail work for which well-trained women are fitted, and for which the trained nurse, with her knowledge of bacteriology and of the causes and origin of diseases should be especially well-fitted. The nurse's training in system and order (if this has been good), and her experience in learning how to get through with a great variety of work in a given time, also her habits of discipline and proper subordination to proper authority, if well grounded in her, should give her a great advantage over the woman who has not been trained and disciplined, however intelligent she may be.